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Effective on 12/08/2004.			L	Complete if Known				
rees pursuant to the conscionated Appropriations Act, 2000 (11.11. 4010).			i818). <i>f</i>	Application Num				
FEE TRANSMITTAL			Ļ	iling Date		January 26, 2001		
For FY 2008			_	irst Named Inv	entor	Michael M. Segal		
			-	Examiner Name O. Akintola				
x Applicant claims small entity status. See 37 CFR 1.27				Art Unit	00000000			
TOTAL AMOUNT OF PAYMENT (\$) 525.00				Attorney Docket No. SIMU-P01-003				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCE								
	FILIN	IG FEES Small Entity	SEAF	RCH FEES Small Entity	EXAM	NATION FEES Small Entity		
Application Type	Fee (\$)		Fee (\$)	Fee (\$)	Fee (\$)		Fees F	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	<u>Fee (\$)</u>
Each claim over 20 (include	_	-					50	25
Each independent claim or Multiple dependent claims	•	ing Reissues)					210 370	105 185
· ·		Fee (\$)	Fee Pa	id (\$)		Multiple Depende		103
31 -51=	X	=	reera	ΙΔ (Ψ)	_		ee Paid (\$	·)
HP = highest number of total cla		reater than 20.			_			•
Indep. Claims Extra	p. Claims Extra Claims Fee (\$) Fee F		Fee Pa	id (\$)				_
3 -3= x =								
HP = highest number of indeper	ndent claims pair	d for, if greater than 3	١.					
3. APPLICATION SIZE FE								
If the specification and dr listings under 37 CFR								1
sheets or fraction there					OI SIIIAII	entity) for each at	Juliiollai 30	,
	xtra Sheets		•	litional 50 or frac	tion there	of Fee (\$)	Fee f	Paid (\$)
100 =		/50 =	(r	ound up to a who	le number) x :	=	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing s	urcharge): 2	253 Extension f	or resp	onse within th	ird mon	th	52	5.00
SUBMITTED BY		-//-						
Signature	4 1	Kell /		egistration No. Attorney/Agent)	38,936	Telephone	(617) 95	1-7532
Name (Print/Type) Egward	J. Kelly	V				Date	December	5. 2007
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		U						
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